RURAL WATER INFRASTRUCTURE COMMITTEE OF ARIZONA PROJECT INFORMATION FORM

I. GENERAL INFORMATION									
1. System ID #: 2.County:									
3. Name of Facility/System:									
4. Type of Organization: Municipality () Special/Domestic District () Investor Owned () Co-op () Tribal ()									
Other () If other, please explain:									
5. Contact Person:	6. Telephone Number:								
Title:	7. Fax Number:								
8. Address:	9. E-Mail Address:								
	_								
10. How did you hear about RWIC? () RWIC Website () Other (Please specify):	() RWIC Funding Partner	() Newspaper () ADEQ							
II. DEMOGRAPHIC AND SERVICE AREA INFORMATION									
11. Type of Project (Please Check): Water ()	Wastewater ()	Solid Waste ()							
Other () If other, please identify:									
12. Population of Project Service Area: 13. Number of Service Connections or Users:									
Complete the following (If you do not have accurate study data, please provide an estimate):									
14. Median Income of Service Area:	rvice Area:								
III. DESCRIPTION OF PROJECT AND APPLICABLE BACKGROUND INFORMATION									
16. Provide a description of the problem.									
16. (a) Estimated Project Cost: \$ 17. Estimated E	3 y:	(Date)							
18. Describe the proposed solution.									

19. Please check all that apply to resolving the problem.								
Not Certain of How and Where to Begin Public Is Unaware of the Problem Need Qualified Consultants Lack Financial Options Environmental Issues			Lack Organization/Cooperation Lack Public Support for Solution Experiencing Technical Problems Regulatory Problems Other:					
If Environmental or Other Issues are applicable, please explain:								
20. Have you contacted any agencies or lending sources about funding? Please Check: Yes () No ()								
BECC()	BOR()	CDBG () GADA () USDA – Rural Development () NADBank (
WIFA () Other () If Other, please identify:								
21. Have you received on-site Technical Assistance? Please check: Yes () No ()								
Check source(s) of Technical Assistance Received:								
AWPCA()	RCAC ()	ASUA()	Other ()	If Other, ple	ease identify:			
IV. FINANCIAL RATE, COLLECTION AND FUND INFORMATION								
22. Rates: Month	ly/Quarterly/	Other						
Servic	ee	Residential Rat	es	Commercia	al Rates	Date of L	ast Increase	
Water		Base: Use:		Base: Use:				
Wastewater		Base: Use:		Base: Use:				
Solid Waste		Base: Use:		Base: Use:				
23. Are water and	l wastewater			OSC.		<u>l</u>		
24. Please comple								
		l Debt		Water F	fund	Wastew	vater Fund	
Total Collections								
Operation/Mainte		cement						
Annual Debt Serv	vice							
Reserve/Sinking Fund Balance								
Available/Uncommitted Balances								
Rates by "Uses" – e.g. \$1.00 gallons beyond base of 5,000 gallons								

25. Please provide the latest summary of your revenues and expenditures. (If you have audited financial statements, please include a section entitled "Combined Statement of Revenues and Expenditures".)